

# Grandparent Temporary Guardianship Consent

Date:

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Parent(s)/Legal Guardian(s) Name(s):

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Child(ren) Full Name(s) and Date(s) of Birth:

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Grandparent(s) Full Name(s):

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Guardian(s) Address:

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Parent(s)/Guardian(s) Contact Number:

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Effective Dates of Temporary Guardianship:

From:

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To:

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## Consent Statement

I/we, the undersigned, hereby give my/our consent and authorize the above-named grandparent(s) as temporary guardian(s) of my/our child(ren) named above for the period specified. They have full authority to make decisions regarding the care, medical treatment, and wellbeing of my/our child(ren) as necessary during this time.

Special Instructions / Medical Notes:

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Parent/Guardian Signature:

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**Date:**

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**Parent/Guardian Signature:**

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**Date:**

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**Witness Name:**

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**Witness Signature:**

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**Date:**

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